

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Human Rights Campaign PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00235853	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Stones' Phones</b>			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 41-750 Rancho Las Palmas Dr Ste E-			Amount 2220.84		
City Rancho Mirage	State CA	Zip Code 92270	Transaction ID : D622648		
Purpose of Expenditure Telephone Calls		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 01 / 2016		
Name of Federal Candidate Hillary Rodham Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		113801.78	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>The Pivot Group</b>			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 1720 I St NW			Amount 12858.20		
City Washington	State DC	Zip Code 20006	Transaction ID : D622647		
Purpose of Expenditure Mailing		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 29 / 2016		
Name of Federal Candidate Hillary Rodham Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		113801.78	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	15079.04
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. James Rinefierd

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 2  
FOR SE OF FORM 24/48

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Doyle Printing &amp; Offset</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 5206 46th Ave		Amount 864.39	
City Hyattsville	State MD	Zip Code 20781	Transaction ID : D622646
Purpose of Expenditure Signage	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 01 / 2016	
Name of Federal Candidate Hillary Rodham Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:
Calendar Year-To-Date Per Election for Office Sought 113801.78		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input type="checkbox"/> Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	864.39
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	15943.43

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. James Rinefierd

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2016

Signature